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## AMENDMENT TRANSMITTAL FORM

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Customer No.: 23696 Attorney Docket No.: PA450C1 In Re Application of: Yu-Cheun Iou

Serial Number: 10/062,133 Filed: January 30, 2002 Examiner: Kevin Mew Group Art Unit: 2664

Sir:

Transmitted herewith for filling is a Response to the Final Office Action in the above identified application.

CLAIM\$	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	7	15	0	x \$50=	\$0.00
Independent**	1	3	0	x \$200 =	\$0.00
Multiple Dependent Claim(s): ☐ Yes ☒ No				\$360	\$0.00
EXTENSION FEES Tv			ne Month	\$120	\$0.00
			vo Months	\$450	\$0.00
			ree Months	\$1020	\$0.00
TERMINAL DISCLAIMER			\$130	\$130.00	
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$130.00

4 The check in the amount of \$	is enclosed to pay for	or any claim and/o	n extension fees
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6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: September 18, 2006

Signature:

S. Hossain Beladi, Reg. No. 42,311 (858) 651-4470

QUALCOMM Incorporated Aim: Patent Department 5775 Morchouse Drive

San Diego, California 92121-1714

(858) 658-5787

(type or print name)

Telephone: (858) 658-2502 Facsimile:

CERTIFICATE OF TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

**FACSIMILE** 

transmitted by facsimile to the Parent and Trademark Office on September 18, 2006.

Depositor's Name: Carrie E. Floss

Signature:

(TRANSAMD. VER 1.13-04/30/04)

<sup>5.</sup> Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$130.00. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.